NEW GLARUS HOME, INC

600 2ND AVENUE

Nonprofit Church/Corporation NEW GLARUS 53574 Phone: (608) 527-2126 Ownership: Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 97 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 97 Yes Number of Residents on 12/31/02: 91 Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	&				
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	30.8
Supp. Home Care-Personal Care	No					1 - 4 Years	46.2
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	1.1	More Than 4 Years	23.1
Day Services	No	Mental Illness (Org./Psy)	44.0	65 - 74	7.7		
Respite Care	No	Mental Illness (Other)	2.2	75 - 84	28.6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	12.1	Full-Time Equivalent	5
Congregate Meals	Yes	Cancer	3.3			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	4.4		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	6.6	65 & Over	98.9		
Transportation	No	Cerebrovascular	6.6			RNs	10.7
Referral Service	No	Diabetes	4.4	Sex	%	LPNs	4.6
Other Services	No	Respiratory	4.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	22.0	Male	26.4	Aides, & Orderlies	33.0
Mentally Ill	No			Female	73.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	316	45	100.0	108	2	100.0	102	38	97.4	126	0	0.0	0	0	0.0	0	90	98.9
Intermediate				0	0.0	0	0	0.0	0	1	2.6	121	0	0.0	0	0	0.0	0	1	1.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		45	100.0		2	100.0		39	100.0		0	0.0		0	0.0		91	100.0

Facility ID: 6060 Page 2 County: Green NEW GLARUS HOME, INC

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period													
					% Needing		Total						
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of						
Private Home/No Home Health	3.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents						
Private Home/With Home Health	4.8	Bathing	0.0		87.9	12.1	91						
Other Nursing Homes	6.7	Dressing	9.9		82.4	7.7	91						
Acute Care Hospitals	76.0	Transferring	17.6		75.8	6.6	91						
Psych. HospMR/DD Facilities	1.9	Toilet Use	22.0		65.9	12.1	91						
Rehabilitation Hospitals	0.0		42.9			7.7	91						
Other Locations	6.7	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****						
Total Number of Admissions	104	Continence		%	Special Treatr	ments	ે						
Percent Discharges To:		Indwelling Or Extern	al Catheter	3.3	Receiving Re	espiratory Care	12.1						
Private Home/No Home Health	4.0	Occ/Freq. Incontinen	t of Bladder	51.6	Receiving To	racheostomy Care	0.0						
Private Home/With Home Health	38.0	Occ/Freq. Incontinen	t of Bowel	36.3	Receiving Su	uctioning	0.0						
Other Nursing Homes	1.0				Receiving Os	stomy Care	0.0						
Acute Care Hospitals	3.0	Mobility			Receiving Tu	ube Feeding	0.0						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	15.4	Receiving Me	echanically Altered Diet	s 47.3						
Rehabilitation Hospitals	0.0												
Other Locations	3.0	Skin Care			Other Resident	t Characteristics							
Deaths	51.0	With Pressure Sores		8.8	Have Advance	e Directives	97.8						
Total Number of Discharges		With Rashes		0.0	Medications								
(Including Deaths)	100				Receiving Ps	sychoactive Drugs	57.1						

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

			ership:		Size:		ensure:				
	This	Non	profit	50	-99	Ski	lled	Al			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	9	%	Ratio	엉	Ratio	olo	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	91.8	86.5	1.06	83.5	1.10	83.3	1.10	85.1	1.08		
Current Residents from In-County	86.8	79.3	1.09	72.9	1.19	75.8	1.14	76.6	1.13		
Admissions from In-County, Still Residing	21.2	23.9	0.89	22.2	0.95	22.0	0.96	20.3	1.04		
Admissions/Average Daily Census	116.9	107.3	1.09	110.2	1.06	118.1	0.99	133.4	0.88		
Discharges/Average Daily Census	112.4	110.2	1.02	112.5	1.00	120.6	0.93	135.3	0.83		
Discharges To Private Residence/Average Daily Census	47.2	41.6	1.13	44.5	1.06	49.9	0.95	56.6	0.83		
Residents Receiving Skilled Care	98.9	93.2	1.06	93.5	1.06	93.5	1.06	86.3	1.15		
Residents Aged 65 and Older	98.9	95.7	1.03	93.5	1.06	93.8	1.05	87.7	1.13		
Title 19 (Medicaid) Funded Residents	49.5	69.2	0.71	67.1	0.74	70.5	0.70	67.5	0.73		
Private Pay Funded Residents	42.9	22.6	1.90	21.5	1.99	19.3	2.22	21.0	2.04		
Developmentally Disabled Residents	1.1	0.6	1.73	0.7	1.48	0.7	1.52	7.1	0.15		
Mentally Ill Residents	46.2	35.9	1.29	39.0	1.18	37.7	1.22	33.3	1.38		
General Medical Service Residents	22.0	18.1	1.22	17.6	1.25	18.1	1.21	20.5	1.07		
Impaired ADL (Mean)	45.7	48.7	0.94	46.9	0.98	47.5	0.96	49.3	0.93		
Psychological Problems	57.1	52.0	1.10	54.6	1.05	52.9	1.08	54.0	1.06		
Nursing Care Required (Mean)	8.5	6.8	1.25	6.8	1.26	6.8	1.26	7.2	1.18		